

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L11000047637

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GULATI LAW
Account Number : T20130000014
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROOFS IN THE SKY LLC**

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Help

MAY 16 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roofs In The Sky LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Gulati

Name of Person

Premier Florida Title, LLC

Firm/Company

479 Montgomery Place

Address

Altamonte Springs, FL 32714

City/State and Zip Code

info@premierfloridatitle.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Gulati

at (

407

) 900-5054

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Roofs In The Sky LLC

SECOND: The Florida Document Number of the limited liability company is: L11000047637

THIRD: The street address of the limited liability company's principal office is:

419 Largovista Drive

Oakland, FL 34787

The mailing address of the limited liability company's principal office is:

419 Largovista Drive

Oakland, FL 34787

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

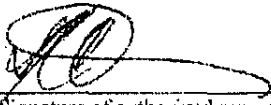
a. Granted to: Dowlat R. Nandkissore

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Dowlat R Nandkissore

b. No authority granted to: _____


Signature of authorized representative

Dowlat R Nandkissore

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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